

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. **10649701**

FILED DATE

APPLICANT(S)

3/4/85 CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1				1	
2		1				1
3	1				1	
4		1				1
5		2	2			2
6		2	2			2
7		1	1			1
8		1	1			1
9		1	1			1
10	1				1	
11	1				1	
12						1
13						2
14						2
15						1
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TOTAL IND.	4				4	
TOTAL DEP.	9				27	
TOTAL CLAIMS	13				31	

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